



Chlorite/Chlorine Dioxide Report

(Daily Samples)

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section

PWS ID # _____

City/Town _____

PWS Name _____

PWS Class: ☐ COM ☐ NTNC ☐ TNC

DEP Source Code/Location ID _____

Sample Location _____

Starting Date of Samples (mo., yr.) _____

Notes _____

B. Laboratory Analytical Information

Notes _____

Chlorite MCL = 1.0 mg/L (COM/NTNC Only)

¹ Although this report shall be submitted on a monthly basis, daily entry point results over the MCL or MRDL require DEP notification and collection of a 3 sample set in the distribution system during the next day. Compliance is based on daily actions.

Day ¹	Result mg/L ¹	Detection Limit mg/L	Method	Analyzed By (Name or Lab Cert. #)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of result and no later than 10 days after the end of the reporting period.



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B. Laboratory Analytical Information (cont.)

Chlorite MCL = 1.0 mg/L (COM/NTNC Only) (cont.)					
¹ Although this report shall be submitted on a monthly basis, daily entry point results over the MCL or MRDL require DEP notification and collection of a 3 sample set in the distribution system during the next day. Compliance is based on daily actions.	Day ¹	Result mg/L ¹	Detection Limit mg/L	Method	Analyzed By (Name or Lab Cert. #)
	16	_____	_____	_____	_____
	17	_____	_____	_____	_____
	18	_____	_____	_____	_____
	19	_____	_____	_____	_____
	20	_____	_____	_____	_____
	21	_____	_____	_____	_____
	22	_____	_____	_____	_____
	23	_____	_____	_____	_____
	24	_____	_____	_____	_____
	25	_____	_____	_____	_____
	26	_____	_____	_____	_____
	27	_____	_____	_____	_____
	28	_____	_____	_____	_____
	29	_____	_____	_____	_____
	30	_____	_____	_____	_____
	31	_____	_____	_____	_____



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B. Laboratory Analytical Information (cont.)

¹ Although this report shall be submitted on a monthly basis, daily entry point results over the MCL or MRDL require DEP notification and collection of a 3 sample set in the distribution system during the next day. Compliance is based on daily actions.

Chlorine Dioxide MRDL = 0.8 mg/L (as ClO₂)

Day ¹	Result mg/L ¹	Detection Limit mg/L	Method	Analyzed By (Name or Lab Cert. #)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____



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(mo., yr.) _____

B. Laboratory Analytical Information (cont.)

¹ Although this report shall be submitted on a monthly basis, daily entry point results over the MCL or MRDL require DEP notification and collection of a 3 sample set in the distribution system during the next day. Compliance is based on daily actions.

Chlorine Dioxide MRDL = 0.8 mg/L (as ClO ₂) (cont.)					
Day ¹	Result mg/L ¹	Detection Limit mg/L	Method	Analyzed By (Name or Lab Cert. #)	
24	_____	_____	_____	_____	
25	_____	_____	_____	_____	
26	_____	_____	_____	_____	
27	_____	_____	_____	_____	
28	_____	_____	_____	_____	
29	_____	_____	_____	_____	
30	_____	_____	_____	_____	
31	_____	_____	_____	_____	

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Primary Certified Operator or Laboratory Director Signature

Date

For DEP Use Only -
Please initial and
date as completed:

Accepted:

Disapproved:

Data entered into WQTS:

Comments: